

## ID Waiver Provider Modules

- 1 = Overview of the ID and DS Waivers
- 2 = Becoming a n ID Waiver Provider
- 3 = Supporting People in the ID and DS Waivers
- 4 = Introduction to Planning
- 5 = Residential Services
- 6 = PA, Respite and Companion (Agency-Directed)
- 7 = Employment and other Day Services
- 8= Crisis Stabilization – ID Waiver
- 9= Assistive Technology, Environmental Modifications and Transition Services
- 10 = Skilled Nursing
- 11= Personal Emergency Response System
- 12 = Consumer Directed Services and Services Facilitation
- 13 = Therapeutic Consultation
- 14 = Service Authorization and Reimbursement**
- 15 = Monitoring and Oversight

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## Common Acronyms

- DSP =Direct Support Professional
- PCP = Person-centered Practices
- PA = Preauthorization
- ID = Intellectual Disability
- DS = Day Support
- DSW = Day Support Waiver
- IDW = Intellectual Disability Waiver
- DDS = Division of Developmental Services
- IDOLS = Intellectual Disability Online System

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## Preauthorization

### Intellectual Disability Online System (IDOLS)

All Providers must have a DELTA account to access IDOLS and provide services under the ID and DS Waivers.

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## Online Resources

### ■ DELTA

DBHDS's online security portal that enables IDOLS access for Waiver providers.



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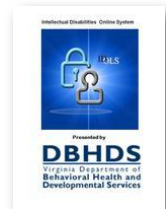
## Online Resources

### ■ IDOLS Service Authorization Manual

<http://www.dbhds.virginia.gov/ODS-UsefulInformation.htm#mr4>

### ■ IDOLS Training Videos

<http://www.youtube.com/user/ODSVA/>



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## ID Waiver Services **Authorized**

- |  |                              |
|--|------------------------------|
| ▪ Residential Services (Congregate or In-Home) | ▪ Environmental Modification |
| ▪ Personal Assistance                          | ▪ Assistive Technology       |
| ▪ Respite                                      | ▪ Crisis Stabilization       |
| ▪ Companion                                    | ▪ PERS                       |
| ▪ Day Support                                  | ▪ CD Personal Assistance     |
| ▪ Prevocational                                | ▪ CD Respite                 |
| ▪ Supported Employment                         | ▪ CD Companion               |
| ▪ Skilled Nursing                              | ▪ Transition Services        |
| ▪ Therapeutic Consultation                     |                              |

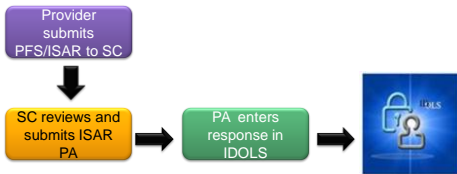
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## DS Waiver Services **Authorized**

- Day Support Services
- Prevocational Services
- Supported Employment

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## Preauthorization



Plan for Supports (PFS) and service request approved by the CSB Support Coordinator for submission to Preauthorization Consultants with DBHDS.

PA Flowchart

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## Preauthorization

Provider submits PFS/ISAR to SC

### Provider

- Prepares and submits PFS to SC prior to start of service
- At SC request, completes and submits ISAR in IDOLS prior to the start of service
- Provides additional information as requested by SC

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## Preauthorization

SC reviews and submits ISAR PA

### SC

- Receives electronic response from PA
- Requests additional information/action from provider as needed
- Resubmits within 30 days if pended

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## Preauthorization

PA enters response in IDOLS

### PA Consultant

- Reviews the documentation to support request
- Returns authorized, denied or pended electronic service authorization requests to Support Coordinator through IDOLS
- If authorized, enters into the Virginia Medicaid Management Information System (VAMMIS) for reimbursement

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## Preauthorization

Services commencing before the authorized start date will not be reimbursed by DMAS.



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## Preauthorization

**URGENT!!**



- For **emergency** situations, call the Support Coordinator directly.

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## Preauthorization

### ISARs completed when

- ❖ An Individual's needs/wants change:
  - **Changing** a Service or Provider
  - **Adding** a new Service or Provider
  - **Increasing** Hours/Blocks
  - **Decreasing** or **ending** a service

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## Preauthorization

### Changing a Service or Provider:



- ❖ SC submits to PA Consultant, prior to requested start date:
  - An ISAR to end the existing service/provider
  - An ISAR to begin the changed service/provider
  - Written justification of need

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## Preauthorization

### Adding Service/Provider or Increasing:

❖ SC submits via IDOLS to PA Consultant:

- Electronic ISAR(s) from providers
- Written justification of need

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## Preauthorization

### Decreasing or ending a service or provider

SC submits to PA Consultant:

- ✓ Provider completed ISAR via IDOLS with termination reason noted

**Provider cannot bill beyond the requested decrease/end date**

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## Preauthorization Actions

Authorized

Authorized with conditions

Pended

Denied

ODS Clarification and DMAS Memo Procedural Changes

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## Authorized

- ❖ Congregate & In-Home Residential
- ❖ Personal Assistance (CD/AD)
- ❖ Companion
- ❖ Day Support
- ❖ Prevocational
- ❖ Supported Employment



Authorized for up to 12 months

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### Authorized

60-day assessments optional for

- ❖ Residential
- ❖ Personal Assistance
- ❖ Day Support
- ❖ Prevocational
- ❖ Supported Employment

Authorized for  
60-days

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### Authorized

- ❖ Therapeutic Consultation
- ❖ Skilled Nursing
- ❖ PERS

Authorized per  
ISP year

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### Authorized

- ❖ Environmental Modification (EM)
- ❖ Assistive Technology (AT)

Authorized for 30  
days per request

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### Authorized

- ❖ Crisis Stabilization

Authorized for up to 15  
days per request not to  
exceed 60 days per  
calendar year.

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Authorized

❖ Respite

Authorized per fiscal year

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Authorized

❖ Transition Services

Authorized one time only

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Authorized

**Alert!**

EM/AT

**Requests must be accompanied by:**


- Itemized invoice/estimate
- Durable Medical Equipment (DME) denial\*
- Description of the individual's support needs
- A "reason for request" on the ISAR
- A professional assessment/recommendation for AT
- Drawings or pictures of item(s) as available/requested

ODS Community Bulletin #3

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Authorized

**Alert!**



Assistive Technology – Maintenance Contracts

- Are included on the initial request
- One year limit

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### Authorized with conditions

PA Consultant returns through IDOLS as approved, but with certain conditions.

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### Authorized with conditions

#### “Condition” examples:

- ✓ Time-limited authorization
- ✓ Annual limitation of combined services

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### Pended

#### ***Some Examples:***

- Incomplete ISAR
- Insufficient justification for increase
- Justification does not reflect service
- Assessment timelines not followed

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### Pended

SC submits requested additional information within 30 calendar days to obtain the requested start date.

SC may request additional information from provider if needed.



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## Pended

Pended authorization will be **rejected**, if the requested information is not received within 30 calendar days.

No appeal rights for rejection.



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## Pended



If "**rejected**," provider may *resubmit* the request via SC



New ISAR opened to provider with a **new** start date.

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## Pended

Approved, but VAMMIS entry denied



### Because...

- No Medicaid number/invalid number
- Pended Medicaid eligibility
- Prior services remain open in VAMMIS
- Provider not approved for requested service

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## Pended

Approved, but VAMMIS entry denied



### To resolve,

SC forwards necessary information to the assigned PA consultant.

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## Denied

### Examples:

- ❖ Request exceeds maximum blocks/hrs
- ❖ Individual not eligible for requested service
- ❖ Request did not meet criteria

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## Preauthorization



### Notification of VAMMIS Entry

- ✓ DMAS Notification Letter – will be sent to:
  - ✓ Specified service provider
  - ✓ Individual
  - ✓ CSB/BHA

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## Preauthorization

### ■ DMAS provides notification by mail

CPH&S VERMONT DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: CP-0-448-01  
 NEW DATE: 05/01/2010 02:51 PRE-AUTHORIZATION NOTIFICATION PAGE NUMBER: 1

Provider Name & address Provider Number DA REQUEST ACTIVITY FOR: 05/01/2010

Preauthorization does not guarantee that payment will be made for the items or services authorized in this report. Reimbursement is contingent upon both the enrollee's eligibility status at the time the service is rendered as well as the provider's enrollment status with DMAS at the time the service is rendered. Reimbursement amounts are subject to change based on federal and state fee adjustments. If no dollar amount is shown, payment will be made in accordance with DMAS established reimbursement policies.

DM: 1006000280 ENROLLEE NAME: [REDACTED] DOB: [REDACTED]

The following request(s) for preauthorization were approved and may be billed to DMAS:

PROCEDURE/	DESCRIPTION	REQ	REQ DATES	AUTH	AUTH DATES	APPROVED	COST/UNIT
MODIFIER		UNITS/REQ	PA/THRU	UNITS/REQ	PA/THRU		
0545	00 HOME NOTIFICATION, PER SERVICE	1	03/01/2010	1	03/01/2010	5,000.00	
			04/01/2010		04/01/2010		

REASON CODE: 1364, REQUEST APPROVED.

\*\*\*\*\* CONFIDENTIAL INFORMATION \*\*\*\*\*

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## Preauthorization

### Notification of Appeal Rights

Support Coordinator issues appeal rights to the individual within 10 business days of decision to end or decrease existing services.

Right To Appeal Letter

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## Preauthorization

SAMPLE 05/14/10

**REGENT LETTERHEAD**

**NOTIFICATION OF RIGHT TO APPEAL**

\_\_\_\_ (Date)

\_\_\_\_ (Individual's name/address)

\_\_\_\_

This letter is notification of your right to appeal the following action:

**A.** Your request for Medicaid MRID Waiver Services has been denied:

\_\_\_\_ You have been placed on the Statewide Waiting List – Urgent status

\_\_\_\_ You have been placed on the Statewide Waiting List – Non-urgent status

\_\_\_\_ You have been placed on the CSBP Planning List

**B.** Your status on the Medicaid MRID Waiver Waiting List has been changed:

From Urgent to Non-Urgent	From Urgent to Planning
From Non-Urgent to Planning	Removed from MRID Waiver Waiting List

**C.** Your enrollment in Medicaid MRID Waiver Services has been terminated.

**D.** The following Medicaid MRID Services have been:

Terminated	Decreased
Suspended	Denied a request for increase

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example of a  
blank appeal  
letter

## Reimbursement



### Billable Hours

- Bill for amount of time with person providing supports as described in the PFS
- Within approved limits
- Periodic Supports

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## Reimbursement

### Billing interruptions

#### Examples

- Loss of Medicaid eligibility
- Admission to ICF, nursing home
- Interruption in Waiver services
- Incarceration
- Medical or psychiatric hospital stay



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## Contacts:

Community Resource Consultants				
REGION 1	REGION 2	REGION 3	REGION 4	REGION 5
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Horizon Region 10 Rockbridge	Alexandria Fairfax Falls Church Loudoun	Danville-Pittsylvania Dickenson Mt. Rogers Piedmont Planning District	Chesterfield Crossroads District 19 Goochland-Powhatan	Chesapeake Colonial Hampton-Newport News Norfolk

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